Schedule E)	PAGE 1 OF 41 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	M M / D D / Y Y Y Y
Check if X 24-hour report 48-hour report New report Ame	ends report filed on
Full Name of Payee Stephanie L Heun	Date of Public Distribution/Dissemination
	11 25 2014
Mailing Address 8026 S Wilwood Dr Apt 101	Amount
City State Zip Code	15.70
Oak Creek WI 53154	Transaction ID : 144ecfde-9f0f-4091-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001 11 / 25 / 2014
Name of Federal Candidate S	upport Office Sought: House District: 00
Ms. Mary L Landrieu	ppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 307972.81	Disbursement For:  Primary
Full Name of Payee Corey S McKnight	Date of Public Distribution/Dissemination
	11 / 25 / Y Y Y Y Y Y
Mailing Address 1510 Bailey St	Amount
City State Zip Code	80.00
West Monroe LA 71292	Transaction ID: 09500f20-94f0-4603-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type	001
Name of Federal Candidate S	upport Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 307972.81	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	95.70
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee o party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 11 27 2014
Signature	

Schedule E)	HEFORT OF INDEFE	ADEITI EXPERIE	TOTILS		PAGE 2 OF 41 FOR SE OF FORM 24/48
NAME OF COMM	IITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Sp	eak Out PAC				C C00530766
Check if X 24-I	nour report 48-hour repo	ort New repo	ort Amends repo		M / D = D / Y = Y = Y = Y
Full Name of Cynthia	Payee J Christmas				of Public Distribution/Dissemination
Mailing Addre	SS 1731 Frenchmen St			Amou	11 25 2014 nt
City		State	Zip Code		80.00
New Orleans		LA	70116		action ID : 9b6df815-8687-4b2b-8 of Disbursement or Obligation
Purpose of E	xpenditure		Category/ Type 001	М	11 25 / Y Y Y Y Y Y Y
Name of Fed	eral Candidate		Support	Office Sough	t: House District:00
Ms. Mary L L	andrieu		X Oppose	Preside	
	Year-To-Date tion for Office Sought	3	07972.81	Disbursemen 2014 O	t For:
Full Name of				Date	of Public Distribution/Dissemination
	Christmas				11 25 7 2014
Mailing Addre	SS 1731 Frenchmen St			Amou	nt
City		State	Zip Code		12.30
New Orleans		LA	70116		of Disbursement or Obligation
Purpose of E Mileage	xperialiture		Category/ Type 002		11 25 / Y Y Y Y Y Y Y
Name of Fed	eral Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L L	andrieu		X Oppose	Preside	
	r Year-To-Date tion for Office Sought		307972.81	Disbursemen 2014	ther (specify) ►
(a) SUBTOTA	of Itemized Independent Exp	enditures			92.30
(b) SUBTOTA	of Unitemized Independent E	Expenditures			
(c) TOTAL Inc	ependent Expenditures				
					7 7 7
with, or at the		candidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
	ls. Emily Buchanan	[Electron	ically Filed] Date	e 11	27 2014
Signature					

Schedule E)				PAGE 3 OF 41 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				0 00000100
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Gary W Fuhrmann			Date (	of Public Distribution/Dissemination
·			IV	11 25 / Y Y Y Y Y
Mailing Address 9425 Jessica Drive			Amou	nt
City	State	Zip Code		62.50
Shreveport	LA	71106		saction ID : 2b7f2fa1-25cc-4164-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought		307972.81	Disbursemen 2014 O	nt For: Primary X General Other (specify) ▶
Full Name of Payee			·	of Public Distribution/Dissemination
Gary W Fuhrmann			, and the same of	11 25 2014
Mailing Address 9425 Jessica Drive				
			Amou	ınt
City	State	Zip Code		11.40
Shreveport	LA	71106	Transa Date	action ID: 77e7b6e4-4298-4be2-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 25 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L Landrieu		Oppose	Presid	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	307972.81	Disbursemer 2014	nt For:  Primary
•				
(a) SUBTOTAL of Itemized Independent Expenditure	S		· •	73.90
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		· •	
(c) TOTAL Independent Expenditures				
(c) TOTAL independent Expenditures			· ·	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	27 2014
Signature		_		

Schedule E)		101120		PAGE 4 OF 41 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		" M / D " D / Y " Y " Y " Y
Full Name of Payee Heather A Smith				of Public Distribution/Dissemination
Mailing Address 995 Clairborne Rd			Amou	11 25 2014 nt
City	State	Zip Code		55.00
Calhoun	LA	71225		action ID : 62ee47f4-1aad-45cc-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , , 3	07972.81	Disbursemen 2014 C	t For: Primary X General ther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
Heather A Smith				11 25 7 2014
Mailing Address 995 Clairborne Rd			Amou	nt
City	State	Zip Code		27.00
Calhoun	LA	71225		oction ID: 9782742f-cbba-4511-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		11 25 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	, ,	307972.81	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	i			82.00
(b) SUBTOTAL of Unitemized Independent Expenditu	res			
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	9 11	27 / 2014

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report New r	eport Amends report filed	I on / / / /
Full Name of Payee Windy Hageman		Date of Public Distribution/Dissemination
		11 25 / 2014
Mailing Address 5521 Randolph St.		Amount
City State	Zip Code	25.00
Marrero LA	70072	Transaction ID: 647f2915-e13e-4043-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 25 / 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	307972.81 Disbu 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee Windy Hageman		Date of Public Distribution/Dissemination
		11 25 2014
Mailing Address 5521 Randolph St.		Amount
City State	Zip Code	2.10
Marrero LA	70072	Transaction ID : 3e6ceafc-1819-4b45-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 25 / 2014
Name of Federal Candidate	Support Office	e Sought: House District: 00
Ms. Mary L Landrieu	Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	307972.81 Disbut	ursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	27.10
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the independent expenditur with, or at the request or suggestion of, any candidate or authoriz party committee) any political party committee or its agent.		
	conically Filed] Date 1	11 27 2014
Signature		

PAGE

OF

Schedule E)	<b>L</b> /(. L(.)	1101.20		PAGE 6 OF 41 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			l r	C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee Julia Perry			М	
Mailing Address 2046 Perrin St Apt C			Amount	1 25 2014
City	State	Zip Code		90.00
Shreveport	LA	71101		ction ID : cf049b04-d41b-498e-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought	3	307972.81	Disbursement 2014 Oth	For: Primary X General er (specify) ►
Full Name of Payee Julia Perry			M	Public Distribution/Dissemination
Mailing Address 2046 Perrin St Apt C				1 25 2014
City	State	Zip Code		9.60
Shreveport	LA	71101	Transact Date of	tion ID : 90e42982-ac53-4187-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		1 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presiden	
Calendar Year-To-Date Per Election for Office Sought		307972.81	Disbursement 2014 Oth	For: Primary X General ner (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			· •	99.60
(b) SUBTOTAL of Unitemized Independent Expenditure	<del>)</del> S		· •	4   4   4
(c) TOTAL Independent Expenditures			· []	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date		27 2014
Signature		_		

Schedule E)	TI EXI END	TOTILO		PAGE 7 OF 41 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Sheri J Peace			M	11 25 / Y Y Y Y
Mailing Address 9685 Paula St			Amour	nt
City	State	Zip Code		105.00
Keithville	LA	71047		action ID : d61212a4-61f9-4617-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M	11 25 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent State: LA
Calendar Year-To-Date Per Election for Office Sought	3	807972.81	Disbursement 2014 Ot	t For:
Full Name of Payee			Date of	of Public Distribution/Dissemination
Sheri J Peace			М	11 25 Y Y Y Y Y Y Y Y Y
Mailing Address 9685 Paula St			Amou	nt
City	State	Zip Code		55.80
Keithville	LA	71047		ction ID: aab8c05e-4789-4348-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	11 25 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Landrieu		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7 7	307972.81	Disbursemen 2014 O	t For:
(a) SUBTOTAL of Itemized Independent Expenditu	res			160.80
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 /	27 2014
- 9				

Full Name of Payee Francis Richardson  Mailing Address 220 Doucet Rd  Amount  City State Zip Code Lafayette LA 70503  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Prancis Richardson  Mailing Address 220 Doucet Rd  Calendar Year-To-Date President  Calendar Year-To-Date Presid		modulo E)			FOR SE OF	FORM 24/48
Check if   24-hour report				FEC	IDENTIFICATION	ON NUMBER ▼
Full Name of Payee Francis Richardson  Mailing Address 220 Doucet Rd  City State Zip Code LA 70503  Purpose of Expenditure Salary Caledar Year-To-Date Per Election for Office Sought  City State Zip Code LA 70503  Name of Payee Francis Richardson  Mailing Address 220 Doucet Rd  Caledar Year-To-Date Per Election for Office Sought  Category Doucet Rd  City State Zip Code Transaction ID : 741cfa42-7058-4934-b Date of Disbursement or Obligation  President Senate State: LA  Disbursement For: Primary Gener Prancis Richardson  Mailing Address 220 Doucet Rd  Category D	۷۷	romen Speak Out PAC		С	C00530766	
Mailing Address 220 Doucet Rd	Che	eck if X 24-hour report 48-hour report New report Amends report filed	on M	- M	/ D   D /	Y Y Y Y Y
Mailing Address 220 Doucet Rd  Amount  City State Zip Code Lafayette LA 70503  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Mary L Landrieu  Category Tipye  Full Name of Payse  Francis Richardson  Mailing Address 220 Doucet Rd  City State Zip Code  Lafayette LA 70503  President Senate State: LA  Category British Senate State: LA  Category British Senate State: LA  Cotherdar Year-To-Date  Per lection for Office Sought  City State Zip Code  Lafayette LA 70503  Purpose of Expenditure  Mileage  Category Doucet Rd  City State Zip Code  Lafayette LA 70503  Purpose of Expenditure  Mileage  Category Doucet Rd  Amount  City State Zip Code  Category Doucet Rd  Category Doucet Rd  Category Doucet Rd  Amount  City State Zip Code  Category Doucet Rd  Category Doucet Rd  Category Doucet Rd  Amount  City State Zip Code  President Senate State: LA  Disbursement For: Primary Senate State: LA  Category Doucet Rd	Т	Full Name of Payee	Date o	of Pub	olic Distribution	/Dissemination
City State Zip Code Lafayette LA 70503  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Pre Election for Office Sought  Full Name of Payee Francis Richardson  Mailing Address 220 Doucet Rd  City State Zip Code Russed Caregory/ Mileage  Category/ Mileage  Category/ Mailing Address 220 Doucet Rd  City State Zip Code Name of Federal Candidate  Ms. Mary L Landrieu  Category/ Mailing Address 220 Doucet Rd  City State Zip Code Name of Federal Candidate  Mileage  Category/ Name of Pederal Candidate  Ms. Mary L Landrieu  Category/ Name of Federal Candidate  Ms. Mary L Landrieu  Category/ Name of Federal Candidate  Ms. Mary L Landrieu  Name of Federal Candidate  Ms. Mary L Landrieu  Category/ Name of Federal Candidate  Ms. Mary L Landrieu  Category/ Name of Federal Candidate  Ms. Mary L Landrieu  Category/ Oppose  President Seaset  Transaction ID: 18d39efd-bb42-45c4-B Date of Disbursement or Obligation  Name of Federal Candidate  Ms. Mary L Landrieu  Category/ Oppose  President Seaset  Transaction ID: 18d39efd-bb42-45c4-B Date of Disbursement For:  2014  Amount  Transaction ID: 18d39efd-bb42-45c4-B Date of Public Distribution/Dissemination  Transaction ID: 18d39efd-bb42-45c4-B Date o						2014
Lafayette		Mailing Address 220 Doucet Rd	Amour	nt		
Lafayette	ŀ	City State Zip Code				35.00
Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Purpose of Expenditure Mileage  Name of Federal Candidate  City Name of Federal Candidate  LA 70503  Transaction ID: 18d89efd-bb42-45c4-8 Date of Disbursement For:  Purpose of Expenditure Mileage  Name of Federal Candidate  Name of Federal Cand		·				2-7036-493d-b
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Francis Richardson  Mailing Address 220 Doucet Rd  City State Zip Code Lafayette LA 70503  Transaction D: 18d99eft-bbA2-45c4-8 Date of Public Distribution/Dissemination  Type 002  Transaction D: 18d99eft-bbA2-45c4-8 Date of Disbursement for Obligation  Transaction D: 18d99eft-bbA2-45c4-8 Date of Disbursement or Obligation  Mileage  Category/ 002  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a politice party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date 111 27 2014		Salary Odtegory/ Odd	М	- M	/ D D /	YYYY
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Francis Richardson  Mailing Address 220 Doucet Rd  City State Zip Code LA 70503  Transaction ID : 18d89erd-bb42-45c4-8 Date of Disbursement or Obligation  Mailing Address 220 Doucet Rd  Amount  City State Zip Code LA 70503  Transaction ID : 18d89erd-bb42-45c4-8 Date of Disbursement or Obligation  Mileage  Category/ Type  Office Sought: House District 00 President Senate State: LA  Disbursement or Obligation  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Oppose  Disbursement For: Primary General Calendar Year-To-Date Per Election for Office Sought  Other (specify) ▶  Under penalty of Itemized Independent Expenditures  Independent Expenditu	f	Name of Federal Candidate Support Office	 ∍ Sought	ì:	House	District:00
Per Election for Office Sought    307972.81		Ma Marriel Landers	1			State: LA
Full Name of Payee Francis Richardson  Mailing Address 220 Doucet Rd  City State Zip Code Lafayette LA 70503  Purpose of Expenditure Mileage  Category/ Type  Office Sought: House District: Oo Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concerwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		Calcinati Teal to Bate				/ Keneral
Mailing Address 220 Doucet Rd    Mailing Address 220 Doucet Rd	ŀ					/Dissemination
City State Zip Code  Lafayette LA 70503  Transaction ID : 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Mileage  Category/ Mileage  Category/ Tiype  Oppose  Ms. Mary L Landrieu  Support  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Amount  Transaction ID : 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID : 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID : 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID : 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID : 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID : 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID : 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID : 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID : 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID : 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID : 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID : 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID : 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID : 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID : 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID : 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID : 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID : 18d89efd						2014
Lafayette  LA 70503  Transaction ID: 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Titl 25 / 2014  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 18d89efd-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID: 18d8eff-bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID: 18d8eff bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID: 18d8eff bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID: 18d8eff bb42-45c4-8 Date of Disbursement or Obligation  Transaction ID: 18d8eff bb42-45c4-8 Date of Disbur		Mailing Address 220 Doucet Rd	Amour	nt		
Purpose of Expenditure  Mileage  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Disbursement or Obligation  M11  25  2014  Name of Federal Candidate Support Noffice Sought: Nogener State:  Nother (specify)  Other (specify)  Other (specify)  Other (specify)  Other (specify)  Other (specify)  Other (specify)  Date of Disbursement or Obligation  Mas. Emily Buchanan  [Electronically Filed]  Date of Disbursement or Obligation  Date of Disbursement or Obligation  Mas. Emily Buchanan  Disbursement or Obligation  Mas. Emily Buchanan  Disbursement For:  Other (specify)  Other (specify)  Other (specify)  Other (specify)  Date of Disbursement or Obligation  Mas. Emily Buchanan  Disbursement For:  Other (specify)  Other (specify)  Other (specify)  Date of Disbursement or Obligation  Mas. Emily Buchanan  Disbursement For:  Other (specify)  Other (specify)  Other (specify)  Other (specify)	ŀ	City State Zip Code				3.63
Purpose of Expenditure Mileage    Category/ Type   002   11		•	Transa Date o	ction of Disl	ID: 18d89efd- bursement or 0	-bb42-45c4-8 Obligation
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures		Mileage Oalegory/ 002	M	- M	/ D D /	Y Y Y Y
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  307972.81  Disbursement For: Primary General Primary Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures	ŀ	Name of Federal Candidate Support Office	- Sought	t:	House	District: 00
Calendar Year-To-Date Per Election for Office Sought  307972.81  Disbursement For: Primary Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures			_			
(a) SUBTOTAL of Itemized Independent Expenditures		Calendar Year-To-Date Disbu	1			y X General
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  M. M. M. M. J. D. D. J. Y.	(	(a) SUBTOTAL of Itemized Independent Expenditures			7	38.63
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concer with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   Ms. Emily Buchanan  [Electronically Filed]  Date  MMMM  1  27  2014	(	(b) SUBTOTAL of Unitemized Independent Expenditures				
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Man Man	(	(c) TOTAL Independent Expenditures				
[Electronically Filed] Date 11 27 2014	٧	with, or at the request or suggestion of, any candidate or authorized committee or agent of either				
Factor of the state of		(F1 - + 11 - F2 - 11	1 /			
Signature		Signature				

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OF

Schedule E)	NI EXI END	TONES		PAGE 9 OF 41 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			[	C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Felicia A Jones				Public Distribution/Dissemination
Mailing Address 4106 Martha St			1	1 25 2014
			Amount	
City	State	Zip Code		80.00
Shreveport	LA	71109		ction ID: 1c109a12-294e-4675-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	1	1 25 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	t X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	;	307972.81	Disbursement 2014 Oth	For:
Full Name of Payee			Date of	Public Distribution/Dissemination
Felicia A Jones				1 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 4106 Martha St			Amount	
City	State	Zip Code		10.80
Shreveport	LA	71109		tion ID : f4c39fca-2047-4b17-b Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		1 25 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presiden	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	307972.81	Disbursement 2014 Oth	For: Primary X General Primary Repectify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			90.80
				7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		• •	4 4
(c) TOTAL Independent Expenditures			· •	7 1 7 1 2
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candid party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		27 2014
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Schedule E)	IN EXICIND	ITOTILO		PAGE 10 OF 41 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
ERIC TABARY			M M M 11	25 / 2014
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		70.00
METAIRIE	LA	70003		ID: 4263be2c-d100-4696-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 11	25 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	307972.81	Disbursement For: 2014 Other (sp	Primary ☐ General Decify) ►
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
ERIC TABARY			11	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6101 NORA ST			Amount	
City	State	Zip Code		2.70
METAIRIE	LA	70003		D: 686afc75-01a4-400b-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	307972.81	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			72.70
,				7-
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•	7
(c) TOTAL Independent Expenditures			•	7 1 2
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 27	2014
-				

Schedule E	)	/LIVI L/XI LITE	1101120		PAGE 11 OF 41 FOR SE OF FORM 24/48
	MMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women S	peak Out PAC				C C00530766
Check if X 2	4-hour report 48-hour report	New rep	ort Amends repo	ort filed on	= M / D = D / Y = Y = Y
Full Name	of Pavee			Date	of Public Distribution/Dissemination
Christo	pher L Gilbert				11 25 2014
Mailing Add	lress 55 Lovell Johnson Rd			Amou	nt
City		State	Zip Code		80.00
Picayune		MS	39466		caction ID : 6ff64318-1bec-485f-9 of Disbursement or Obligation
Purpose of Salary	Expenditure		Category/ Type 001		11 25 / 2014
Name of Fe	ederal Candidate		Support	Office Sough	t: House District:00
Ms. Mary L	Landrieu		X Oppose	Preside	
	dar Year-To-Date ection for Office Sought	, , ,	307972.81	Disbursemen 2014	other (specify) ▶
Full Name Christor	of Payee Oher L Gilbert				of Public Distribution/Dissemination
Mailing Add	dress 55 Lovell Johnson Rd			L	11 25 2014
				Amou	ınt
City		State	Zip Code		46.80
Picayune	—	MS	39466	Transa Date	action ID: b97e3eba-c3bb-4e56-9 of Disbursement or Obligation
Mileage	Expenditure		Category/ Type 002		11 25 / 2014
Name of F	ederal Candidate		Support	Office Sough	nt: House District: 00
Ms. Mary L	Landrieu		Oppose	Presid	
	dar Year-To-Date ection for Office Sought		307972.81	Disbursemer 2014	nt For:
(a) SUBTO	<b>AL</b> of Itemized Independent Exper	odituras			126.80
(a) 300101	AL Of Remized Independent Expor	Idituies			120.00
(b) SUBTOT	TAL of Unitemized Independent Exp	oenditures		· •	7 1 7 1 7
(c) TOTAL	ndependent Expenditures			•	7 7
with, or at th		andidate or authorized			cooperation, consultation, or concert the reporting entity is not a political
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 11	27 2014
Signature					

Schedule E)	DENT EXICIO	TOTIES		PAGE 12 OF 41 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report 48-hour repo	rt New rep	ort Amends repo	rt filed on	D   D / Y   Y   Y   Y
Full Name of Payee Jennifer F Gilbert			M = M /	Distribution/Dissemination
Mailing Address 180 McNeil Steep Hollow Ro	i		Amount	25 2014
City	State	Zip Code		65.00
Carriere	MS	39426		D: 5a2d998e-ae60-4a2a-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	25 / Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	3	807972.81	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jennifer F Gilbert			11	25 2014
Mailing Address 180 McNeil Steep Hollow	Rd		Amount	
City	State	Zip Code		38.40
Carriere	MS	39426		0 : 7da77437-72b9-434a-9 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		307972.81	Disbursement For: 2014 Other (sp	Primary X General Decify) ►
(a) SUBTOTAL of Itemized Independent Expo	enditures		<b>.</b>	103.40
(b) SUBTOTAL of Unitemized Independent E	xpenditures			
			4	7 7
(c) TOTAL Independent Expenditures			<b>•</b>	7
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any oparty committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 / 27	2014
Signaturo				

FEC IDENTIFICATION NUMBER		modulo L)	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee   Maegan E McDaniel   Mailing Address 3009 Skelly St	۷۱	romen Speak Out PAC	C C00530766
Maling Address 3009 Skelly St  City State Zip Code Streveport LA 71107  Purpose of Expenditure Salary  Name of Federal Candidate Sought 307972.81  Calendar Year-To-Date Purpose of Expenditure Sought LA 71107  Full Name of Payee Maling Address 3009 Skelly St  Category/ Oppose Support Office Sought State Zip Code President Senate State: LA 71107  Category/ Oppose Office Sought Sought State Zip Code Shreveport LA 71107  Full Name of Payee Maling Address 3009 Skelly St  Category/ Oppose State Zip Code Shreveport LA 71107  Name of Federal Candidate Support	Che	eck if 24-hour report 48-hour report New report Amends report filed	
Mailing Address 3009 Skelly St  City State Zip Code Transaction ID: 2f9aa254-b7a9-44b0-a Date of Disbursement of Obligation Date of Disbursement For: □ Primary □ General Per Election for Office Sought □ Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Public Distribution/Dissemination Date of Disbursement of Obligation Date of Disbursement of Date of Disbursement of Date of Disbursement of Date of Date of Date of Disbursement of Date of Date of Disbursement of Date of	$\neg$	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code Shreveport LA 71107  Purpose of Expenditure  Caledory/ Shreveport Salary  Name of Federal Candidate Mailing Address 3009 Skelly St  City State Zip Code Ms. Mary L Landrieu  Caledor Year-To-Date Per Election for Office Sought  Mailing Address 3009 Skelly St  City State Zip Code Shreveport LA 71107  Purpose of Expenditure Mileage  Category/ Maegan E McDaniel  Name of Federal Candidate Ms. Mary L Landrieu  City State Zip Code Shreveport LA 71107  Purpose of Expenditure Mileage  Category/ Mileage  Category/ Name of Federal Candidate Ms. Mary L Landrieu  City State Zip Code Shreveport LA 71107  Transaction ID : 441086/f-545s-4146-a Transaction ID : 441086			
Shreveport    Category/		Mailing Address 3009 Skelly St	Amount
Shreveport    Category/ Type   Oo1   Transaction ID: 2/9aa256-b7a9-44b0-a Date of Disbursement or Obligation Date of Disbursement For: □ President □ Senate State: LA	-	City State Zip Code	40.00
Purpose of Expenditure Salary Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year To-Date Per Election for Office Sought  Malling Address 3009 Skelly St  City Shreveport LA T/1107  Purpose of Expenditure Mileage  Category/ Type  On Disbursement For: Primary General  Other (specify)  Tansaction ID: 4d1086ff-5d5a-41d6-a Date of Disbursement or Obligation  Tansaction ID: 4d1086ff-5			Transaction ID : 2f9aa25d-b7a9-44b0-a
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Maegan E McDaniel  Mailing Address 3009 Skelly St  City Shreveport  LA  71107  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Name of Pederal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 441086ff-545a-41d6-a Date of Disbursement or Obligation  Transaction ID: 441086ff-545a-41d6-a Date of Disbursement or Obligation  Transaction ID: 441086ff-545a-41d6-a Date of Disbursement or Obligation  Office Sought:  House District:  O President X senate State:  LA  Calendar Year-To-Date Per Election for Office Sought  General  Other (specify) ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Transaction ID: 441086ff-545a-41d6-a Date Obstrict:  Other (specify) ▶  49.00  Amount  Transaction ID: 441086ff-545a-41d6-a Date Obstrict: Other (specify) ▶  49.00  Category/ Office Sought: House District: Other (specify) ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		Salary Category/ 001	M M / D D / Y Y Y Y
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  President  Senate State:  LA  Disbursement For: Primary General 2014  Other (specify)  Date of Public Distribution/Dissemination  Mailing Address 3009 Skelly St  Amount  City State Zip Code Shreveport LA 71107  Purpose of Expenditure Mileage  Category/ Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  President  Senate State:  Amount  Transaction ID: 4d1086ff-5d5a-41d6-a Date Oibsursement or Obligation  Transaction ID: 4d1086ff-5d5a-41d6-a Da		Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought    State   Zip Code   Shreveport   LA   7/107   Transaction ID: 4d/1086ff-5d5a-41d6-a   Date of Public Distribution/Dissemination		Ma Mary I Landriau	
Full Name of Payee Maegan E McDaniel  Mailing Address 3009 Skelly St  City State Zip Code Shreveport LA 71107  Purpose of Expenditure Mileage Category/ O02  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Public Distribution/Dissemination  11		Odicitadi Tedi To Bate	
Mailing Address 3009 Skelly St  City State Zip Code Shreveport LA 71107  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate Support Ms. Mary L Landrieu Soppose President Senate State: LA Calendar Year-To-Date Per Election for Office Sought 307972.81  Calendar Year-To-Date Per Election for Office Sought Support Office Sought Other (specify)   (a) SUBTOTAL of Itemized Independent Expenditures   Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.			Date of Public Distribution/Dissemination
Shreveport  LA 71107  Transaction ID : 4d1086ff-5d5a-41d6-a Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Transaction ID : 4d1086ff-5d5a-41d6-a Date of Disbursement or Obligation  Mil 1		Mailing Address 3009 Skelly St	
Purpose of Expenditure  Mileage  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Disbursement or Obligation  Office Sought:  House District:  O0  President Senate State:  Other (specify)  Other (specify)  49.00  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		City State Zip Code	9.00
Purpose of Expenditure Mileage    Category   Type   002			Transaction ID: 4d1086ff-5d5a-41d6-a Date of Disbursement or Obligation
Ms. Mary L Landrieu    Calendar Year-To-Date   Per Election for Office Sought   307972.81   Disbursement For:   Primary   General   Other (specify)   Other (specify)		Mileage Category/ 002	M M / D D / Y Y Y Y
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  307972.81  Disbursement For: Primary General 2014 Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures		Name of Federal Candidate Support Office	Sought: House District: 00
Calendar Year-To-Date Per Election for Office Sought  307972.81  Disbursement For: Primary 2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures			
(c) TOTAL Independent Expenditures		Calendar Year-To-Date Disbu	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  M. M. M. J. D. D. J. Y.	(	(a) SUBTOTAL of Itemized Independent Expenditures	49.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date    The property of the prope	(	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Mand	(	(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 11 27 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
Factor in the part of t		[F1 +	
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	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report	New report Amends report filed on Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Bobbie M Steinsholt	11 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3009 Skelly St	Amount
City State	Zip Code 40.00
Shreveport LA	71107 Transaction ID : 50c4c498-2d60-4357-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 11 25 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Alice K Salazar	Date of Public Distribution/Dissemination
Mailing Address 605 W Houston St	11 25 2014 Amount
City State	Zip Code 100.00
Marshall TX	75633 Transaction ID : ce808524-2a09-4341-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 11 25 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	307972.81 Disbursement For: ☐ Primary ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>
(c) TOTAL Independent Expenditures	<b>•</b>
	enditures reported herein were not made in cooperation, consultation, or concert uthorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan  Signature	[Electronically Filed] Date 11 27 2014
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	meduic Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Alice K Salazar	11 25 2014
	Mailing Address 605 W Houston St	Amount
	City State Zip Code	57.90
	Marshall TX 75633	Transaction ID : f8f05185-441c-4c36-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 25 / Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbrace 307972.81  Disbrace 2014	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify) ▶
	Full Name of Payee Hannah J Landry	Date of Public Distribution/Dissemination
	Mailing Address 1110 N Coolidge	11 25 2014 Amount
	City State Zip Code	80.00
	Gonzales LA 70737	Transaction ID : 98455a24-05c3-4d97-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:
	(a) SUBTOTAL of Itemized Independent Expenditures	137.90
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		11 27 2014
	Signature	
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Schedule E)		PAGE 16 OF 41 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report file	ed on Man / Dab / Yayayay
Full Name of Payee Hannah J Landry		Date of Public Distribution/Dissemination
		11 25 2014
Mailing Address 1110 N Coolidge		Amount
City State	Zip Code	21.54
Gonzales LA	70737	Transaction ID : 4a2b98ae-caed-45ad-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 25 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought	307972.81 Dis 201	bursement For:  Primary  General  Other (specify) ▶
Full Name of Payee  Joshua J Huffman		Date of Public Distribution/Dissemination
		11 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 211 Dixie Ave		Amount
City State	Zip Code	70.00
Harrisonburg VA	22801	Transaction ID : 755b9f6c-6cb4-4352-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 25 / 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	307972.81 Dis 20°	bursement For: Primary General  Other (specify)   Other
		2454
(a) SUBTOTAL of Itemized Independent Expenditures	·····	91.54
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	<b>&gt;</b>	
Under penalty of perjury I certify that the independent experience with, or at the request or suggestion of, any candidate or at party committee) any political party committee or its agent.		
	[Electronically Filed] Date	11 27 2014
Signature		

	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Joshua J Huffman	11 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 211 Dixie Ave	Amount
	City State Zip Code	70.00
	Harrisonburg VA 22801	Transaction ID : 4b60a0de-4dea-44bd-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu \times Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee  Zachary Vidrine	Date of Public Distribution/Dissemination
	Mailing Address 202 Rue Des Cajun	11 25 2014 Amount
	City State Zip Code	65.00
	Ville Platte LA 70586	Transaction ID : 657fad80-4d85-4be8-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 25 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	135.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 1	1 27 2014
	Signature	
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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if X 24-hour report 48-hour report New report Amends report f	iled on
Full Name of Payee	Date of Public Distribution/Dissemination
Zachary Vidrine	11 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 202 Rue Des Cajun	Amount
City State Zip Code	21.00
Ville Platte LA 70586	Transaction ID : e1acadcf-8ce7-43ca-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	11 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support O	ffice Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calcillati Ical Ic Batc	isbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Hilary Townsend	M M / D D / Y Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
Mailing Address 4506 US Hwy 79 North	Amount
City State Zip Code	100.00
Deberry TX 75639	Transaction ID : f9140ea8-008c-407a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 25 / 2014
Name of Federal Candidate Support O	office Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
	isbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	121.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eigenty committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	11 27 2014
Signature	

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OF

					FOR SE OF I	FORM 24/48
NAME OF COMMITTEE (In Full)				FEC II	DENTIFICATIO	N NUMBER ▼
Women Speak Out PAC				С	C00530766	
Check if 24-hour report 48-hour report	New repo	ort Amend	ls report filed	on Man	/ D D /	Y Y Y
Full Name of Payee				Date of Publi	ic Distribution/D	Dissemination
Hilary Townsend				M = M	/ D D / 25	2014
Mailing Address 4506 US Hwy 79 North				Amount		
City	State	Zip Code				79.50
Deberry	TX	75639		Transaction Date of Disb	ID: 1e06d38b- ursement or Ob	f42f-4b55-b oligation
Purpose of Expenditure Mileage		Category/ Type	002	11	25	2014
Name of Federal Candidate		Supp	port Office	Sought:	House D	District: 00
Ms. Mary L Landrieu		Х Орро			X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	3	07972.81	Disbu 2014	ursement For:	Primary	X General
Full Name of Payee Mary C Lee	, ,				ic Distribution/E	Dissemination
Mailing Address 1030 N Coolidge Ave				11	25	2014
				Amount		
City	State	Zip Code				80.00
Gonzales	LA	70737			D: 479097ba-5 ursement or Ol	
Purpose of Expenditure Salary		Category/ Type	001	11	25	2014
Name of Federal Candidate		Supp	port Office	e Sought:	House D	District: 00
Ms. Mary L Landrieu		X Opp	oose	President	X Senate	State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	307972.81	Disbu 2014		Primary pecify) ▶	X General
(a) SUBTOTAL of Itemized Independent Expenditures	S		······· <b>&gt;</b>			159.50
(b) SUBTOTAL of Unitemized Independent Expenditure	res		······			
(c) TOTAL Independent Expenditures			······································			
Under penalty of perjury I certify that the independen with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	e or authorized					
Ms. Emily Buchanan	[Electroni	ically Filed]	Date 1	M / D D D 1 27	/ Y Y Y 2014	
Signature						

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OF

Schedule E)	INT EXI END	ITOTILO		PAGE 20 OF 41 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼		
Women Speak Out PAC C c00530766						
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y		
Full Name of Payee			Date of	Public Distribution/Dissemination		
Mary C Lee			M 11			
Mailing Address 1030 N Coolidge Ave			Amount			
City	State	Zip Code		21.54		
Gonzales	LA	70737		tion ID: 37ee3a32-609a-4576-a Disbursement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	1 <sup>1</sup>			
Name of Federal Candidate		Support	Office Sought:	House District:00		
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought	, , ,	307972.81	Disbursement F 2014 Other			
Full Name of Payee			Date of	Public Distribution/Dissemination		
Jeanne Tribou			M - 1			
Mailing Address 22369 Ponderosa Dr.			Amount	التنتا لقا لا		
City	State	Zip Code		30.00		
Mandeville	LA	70471		ion ID : efde60d5-34a4-42ca-a Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	M 11			
Name of Federal Candidate		Support	Office Sought:	House District:00		
Ms. Mary L Landrieu		X Oppose	President			
Calendar Year-To-Date Per Election for Office Sought	- T - T - T	307972.81	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expendit	ires			51.54		
(a) college and mappendent in appendent				7		
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· -	A92 1 A92 1 A92		
(c) TOTAL Independent Expenditures			•	7 1 7 1 7		
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorized					
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		27 / 2014		
~						

Schedule E)				PAGE 21 OF 41 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	*M / D = D / Y = Y = Y
Full Name of Payee Jeanne Tribou				of Public Distribution/Dissemination
Mailing Address 22369 Ponderosa Dr.				11 25 2014
			7 1110 2.	
City	State LA	Zip Code	Trans	12.60
Mandeville		70471		action ID: f2a64476-47be-4d75-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	М	11 25 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	t: House District: 00
Ms. Mary L Landrieu		Oppose	Preside	ent Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		307972.81	Disbursement 2014 Ot	t For: Primary X General
Full Name of Payee				of Public Distribution/Dissemination
Laura U Logie			М	11 25 2014
Mailing Address 2565 Shire Circle				
			Amou	nt
City	State	Zip Code		20.00
Harrisonburg	VA	22801	Transa Date o	ction ID : edd421d2-ced4-4de2-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	11 25 / Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary L Landrieu		X Oppose	Preside	ent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	307972.81	Disbursement 2014 O	t For: Primary X General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	)S		<b>•</b>	32.60
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· •	
(c) TOTAL Independent Expenditures			· [	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

,							FOR SE OF	FORM 24/48
NAME OF COMM						FEC I	DENTIFICATION	N NUMBER ▼
vvomen Sp	eak Out PAC					С	C00530766	
Check if X 24-	our report 48-hour report	New repor	t Am	ends repo		M = M	/ D D /	Y
Full Name of					Date	of Publ	ic Distribution/l	Dissemination
Ana L Es	•					M M M	25	2014
Mailing Addre	SS 284 Cr 1401				Amo	unt		
City	Stat	te Z	Zip Code		ΗГ.			100.00
Carthage	ТХ	X 7	75633		Tran Date	saction of Disb	ID: 4a68f710- oursement or O	dda6-426c-8 bligation
Purpose of E Salary	penditure		Category/ Type	001	] [	11	25	2014
Name of Fed	eral Candidate		S	Support	Office Soug	ht:	House I	District: 00
Ms. Mary L L	andrieu		X	Oppose	Presid	lent	X Senate	State:LA
	Year-To-Date ion for Office Sought	30	7972.81		Disburseme		Primary pecify) ▶	General
Full Name of Ana L Es	quivel						lic Distribution/	Dissemination 2014
ivialility Addre	284 Cr 1401				Amo	unt		
City	Sta		Zip Code					72.00
Carthage	T	X	75633				ID: ad1b5993- oursement or C	
Purpose of E Mileage	xpenditure		Category/ Type	002	] [	M M M	25	2014
Name of Fed	eral Candidate			Support	Office Soug	ht:	House	District: 00
Ms. Mary L L	andrieu		X	Oppose	Presid	dent	X Senate	State: LA
	Year-To-Date ion for Office Sought	7	307972.81		Disburseme 2014		Primary	General
(a) SUBTOTA	. of Itemized Independent Expenditures				. [	-	7	172.00
(b) SUBTOTA	. of Unitemized Independent Expenditures .				•		7	
(c) TOTAL Inc	ependent Expenditures				· [		7	
with, or at the	of perjury I certify that the independent ex request or suggestion of, any candidate or e) any political party committee or its agent	authorized of						
	s. Emily Buchanan	[Electronic	ally Filed]	Date	11 /	27	201	
Signature								

PAGE

OF

Schedule E)		110.120		PAGE 23 OF 41 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	ort filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Cynthia N Schmit			M	
Mailing Address 2226 Taft Circle Apt 1			Amount	1 25 2014
City	State	Zip Code		27.50
Winchester	VA	22601		ction ID: 70710f75-a7b9-4aa7-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	1 25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	Presiden	t Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	307972.81	Disbursement 2014 Oth	For: Primary X General er (specify) ▶
Full Name of Payee			Date of	Public Distribution/Dissemination
Joneisha Stewart				1 25 2014
Mailing Address 2329 Runnymede Dr			Amount	
City	State	Zip Code		60.00
Marrero	LA	70072		tion ID : addf6e46-06ca-4728-8 Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	М	1 25 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	307972.81	Disbursement 2014 Oth	For: Primary X General  Der (specify) ►
(a) SUBTOTAL of Itemized Independent Expendit	ures			87.50
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
(c) TOTAL Independent Expenditures			•	4 . 4
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	idate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	, 11 /	27 2014
Signature				

Schedule E)	INT EXILIND	ITOTILO		PAGE 24 OF 41 FOR SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	Vomen Speak Out PAC						
heck if X 24-hour report 48-hour report New report Amends report filed on							
Full Name of Payee			Date of Pub	lic Distribution/Dissemination			
Joneisha Stewart			11	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 2329 Runnymede Dr			Amount				
City	State	Zip Code		8.40			
Marrero	LA	70072		ID: 5a563b1b-7594-4120-a pursement or Obligation			
Purpose of Expenditure Mileage		Category/ Type 002	M 11	25 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	;	307972.81	Disbursement For: 2014 Other (s				
Full Name of Payee			Date of Pub	olic Distribution/Dissemination			
Cathy Longtin			M M M	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
Mailing Address 827 Navavre Ave			Amount				
City	State	Zip Code		80.00			
New Orleans	LA	70124		ID: 5ed63750-3bc8-43a4-b bursement or Obligation			
Purpose of Expenditure Salary		Category/ Type 001	11	25 / 2014			
Name of Federal Candidate		Support	Office Sought:	House District: 00			
Ms. Mary L Landrieu		Oppose	President	Senate State: LA			
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	307972.81	Disbursement For: 2014 Other (	Primary X General			
(a) SUBTOTAL of Itemized Independent Expendit	ures			88.40			
			-	4-1-4-1			
(b) SUBTOTAL of Unitemized Independent Exper	ditures		• •				
(c) TOTAL Independent Expenditures			· •	7			
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorized						
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 27	2014			
<u>~</u>							

Schedule E)	IVI EXI END	ITOTILO		PAGE 25 OF 41 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report 48-hour report	X New rep	ort Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Cathy Longtin			M 11	25 / 2014
Mailing Address 827 Navavre Ave			Amount	
City	State	Zip Code		8.70
New Orleans	LA	70124		on ID : aee1b4dc-ae1d-462f-9 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11	25 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	307972.81	Disbursement Fo	or: Primary X General (specify) ▶
Full Name of Payee			Date of P	Public Distribution/Dissemination
Lilly Green			M 11	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 205 Medallion Circle			Amount	20 2014
City	State	Zip Code		80.00
Shreveport	LA	71119		on ID : 0d71f3ed-c9ef-4733-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	307972.81	Disbursement For 2014 Other	or: Primary X General  r (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres			88.70
				4 4
(b) SUBTOTAL of Unitemized Independent Expen	ditures		· •	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date		27 2014
- 3				

	,	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
П	Full Name of Payee	Date of Public Distribution/Dissemination
	Lilly Green	11 25 2014
	Mailing Address 205 Medallion Circle	Amount
ŀ	City State Zip Code	32.40
	Shreveport LA 71119	Transaction ID: 4bf195a1-50bd-44fc-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	11 / 25 / 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary
	Full Name of Payee Gregory Green	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 2506 Bolch Street	Amount
ľ	City State Zip Code	60.00
	Shreveport LA 71104	Transaction ID: 98f76497-ccb9-4194-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	11 25 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA State:
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
(	a) SUBTOTAL of Itemized Independent Expenditures	92.40
(	b) SUBTOTAL of Unitemized Independent Expenditures	
(	c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan  [Electronically Filed] Date	1 27 2014
	Signature	

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OF

Schedule E)	LIVI EXI EIVE	ITORES	<u> </u>	PAGE 27 OF 41 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public I	Distribution/Dissemination
Gregory Green			M M /	25 / 2014
Mailing Address 2506 Bolch Street			Amount	
City	State	Zip Code		53.40
Shreveport	LA	71104		: b657e938-7846-4522-b ement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	307972.81	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee	<u> </u>		Date of Public	Distribution/Dissemination
Christopher Marquess			M M /	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount	
City	State	Zip Code		50.00
Ville Platte	LA	70586		96a271b2-15e9-4baf-9 sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		307972.81	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expend	itures			103.40
			7	7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>	7
(c) TOTAL Independent Expenditures			<b>)</b>	4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 / 27	2014
-				

Schedule E)	A LIVET STILLS	PAGE 28 OF 41 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report file	ed on Mam / Dad / Yayayay
Full Name of Payee Christopher Marquess		Date of Public Distribution/Dissemination
Mailing Address 110 W Pecan St		11 25 2014 Amount
City Stat	e Zip Code	35.40
Ville Platte LA	•	Transaction ID : 5bd96760-c32e-42ed-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 25 2014
Name of Federal Candidate	Support Offi	ice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	307972.81 Dis 201	bursement For: Primary
Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination
Mailing Address 9685 Paula St		11 25 2014 Amount
City Stat	re Zip Code	100.00
Keithville LA	71047	Transaction ID : 7b775bc7-ec7b-4cbc-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	11 / 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Off	ice Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	307972.81 Dis	bursement For: Primary General  Other (specify)   Other
(a) SUBTOTAL of Itemized Independent Expenditures	<b>•</b>	135.40
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent exp with, or at the request or suggestion of, any candidate or party committee) any political party committee or its agent	authorized committee or agent of eith	
Ms. Emily Buchanan	[Electronically Filed] Date	11 27 2014
Signature	_	

Schedule E)	A LIBITOTIES	PAGE 29 OF 41 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report 48-hour report	New report Amends report	filed on M = M / D = D / Y = Y = Y
Full Name of Payee Heather Ainsworth		Date of Public Distribution/Dissemination
Mailing Address 9685 Paula St		11 25 2014 Amount
City Sta	ate Zip Code	27.00
Keithville L	·	Transaction ID : 0cc540ba-fd87-42c8-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	11 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		olsbursement For:  Primary  General Ol4  Other (specify) ▶
Full Name of Payee		Date of Public Distribution/Dissemination
Francesca Blom		11 25 2014
Mailing Address 101 Asbury Ct		11 25 2014 Amount
City	'	110.00
Winchester V Purpose of Expenditure	'A 22602	Transaction ID : 3de429a9-9189-41fd-8 Date of Disbursement or Obligation
Salary	Category/ Type 001	11 25 / Y Y Y Y Y Y Y
Name of Federal Candidate	Support C	Office Sought: House District: 00
Ms. Mary L Landrieu	X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		127.00
(a) SUBTUTAL OF REMIZED INDEPENDENT EXPENDITURES		137.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	authorized committee or agent of e	
Ms. Emily Buchanan	[Electronically Filed] Date	11 27 2014
Signature		

Schedule E)	LIVI EXI LIVE	TTOTILO	PAGE 30 OF FOR SE OF FORM	
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NU	JMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report 48-hour report	New rep	oort Amends repo	rt filed on	Y = Y = Y
Full Name of Payee Theresa a Youngblood				mination Y Y Y Y Y Y 2014
Mailing Address 102 S Main Street Apt A2			Amount	.014
City	State	Zip Code		100.00
Berryville	VA	22611	Transaction ID : 1504069a-f81a- Date of Disbursement or Obligati	4ad3-b
Purpose of Expenditure Salary		Category/ Type 001	M = M / D = D / Y =	2014
Name of Federal Candidate		Support	Office Sought: House Distric	t: 00
Ms. Mary L Landrieu		Oppose	President Senate State	e: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	.,,	307972.81	Disbursement For: Primary ≥ 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Disser	mination
Evelyn Lesaicherre				2014
Mailing Address 629 Radiance Ave			Amount	
City	State	Zip Code		80.00
Metairie	LA	70001	Transaction ID : b80968f5-975d-4  Date of Disbursement or Obligat	
Purpose of Expenditure Salary		Category/ Type 001		2014
Name of Federal Candidate		Support	Office Sought: House District	et:00
Ms. Mary L Landrieu		X Oppose	President X Senate State	_
Calendar Year-To-Date Per Election for Office Sought	7	307972.81	Disbursement For: Primary ≥ 2014 Other (specify) ►	General
(a) SUBTOTAL of Itemized Independent Expendent	litures		<b>1</b> 8	30.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures			
			4 4	
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	]
Signaturo				

Schedule	E)		1101120		PAGE 31 OF 41 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if X	24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D D / Y B Y B Y B Y
	ne of Payee yn Lesaicherre				of Public Distribution/Dissemination
Mailing /	Address 629 Radiance Ave			Amou	11 25 2014 nt
City		State	Zip Code	— I	3.60
Metairie		LA	70001		action ID : dd7202e9-298f-4845-b of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002		11 25 / 2014
Name of	f Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mai	ry L Landrieu		Oppose	Preside	ent Senate State: LA
	endar Year-To-Date Election for Office Sought	3	307972.81	Disbursemen 2014 O	t For: Primary X General
	ne of Payee nette Franklin				of Public Distribution/Dissemination
Mailing	Address 8822 Apple St			Amou	
City		State	Zip Code		40.00
New Or		LA	70188		ction ID : 3b49ce14-531c-4066-9 of Disbursement or Obligation
Purpose Salary	of Expenditure		Category/ Type 001	M	11 25 / 2014
Name o	f Federal Candidate		Support	Office Sough	t: House District:00
Ms. Mai	ry L Landrieu		Oppose	Preside	
	endar Year-To-Date  ' Election for Office Sought		307972.81	Disbursemen 2014 O	t For:
(a) SUB	<b>FOTAL</b> of Itemized Independent Expendit	tures		<b>.</b>	43.60
(b) SUBT	TOTAL of Unitemized Independent Exper	nditures			
(c) TOTA	L Independent Expenditures			· [	7
with, or a	nalty of perjury I certify that the indepert the request or suggestion of, any canonittee) any political party committee or	lidate or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	27 2014
Signat	ure				

	FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼	
Women Speak Out PAC	C C00530766	
Check if 24-hour report 48-hour report New re	eport Amends report filed on Amends report	
Full Name of Payee	Date of Public Distribution/Dissemination	
Antoinette Franklin	11 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	1
Mailing Address 8822 Apple St	Amount	Ī
City State	Zip Code 9.00	1
New Orleans LA	70188 Transaction ID : 902cd5bf-30fa-4771-a Date of Disbursement or Obligation	
Purpose of Expenditure Mileage	Category/ Type 002 11 25 2014	]
Name of Federal Candidate	Support Office Sought: House District: 00	_
Ms. Mary L Landrieu	Oppose President Senate State: LA	_
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary	
Full Name of Payee Tammay Williams	Date of Public Distribution/Dissemination	_
Mailing Address 924 N. Prieur St	11 25 2014 Amount	_
014	7: Out	٦
City State  New Orleans LA	Zip Code 80.00  70116	1
Purpose of Expenditure Salary	Category/ 001 Date of Disbursement or Obligation  11 25 2014	]
Name of Federal Candidate	Support Office Sought: House District: 00	_
Ms. Mary L Landrieu	Oppose President Senate State: LA	_
Calendar Year-To-Date Per Election for Office Sought	307972.81 Disbursement For: Primary ☐ General Other (specify) ►	I 
(a) SUBTOTAL of Itemized Independent Expenditures	89.00	]
(b) SUBTOTAL of Unitemized Independent Expenditures		
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	]
	es reported herein were not made in cooperation, consultation, or concert ed committee or agent of either, or (if the reporting entity is not a political	
	onically Filed] Date 11 27 2014	
Signature		

PAGE

32

OF

FEC IDENTIFICATION NUMBER ▼   C   C00530766		neddie E)			FOR SE OF	FORM 24/48
C C00530766  C C C C00530766  C C C C C C C C C C C C C C C C C C			F	EC II	DENTIFICATION	ON NUMBER ▼
Full Name of Payee Tammay Williams  Mailing Address g24 N. Prieur St  City New Orleans LA 70116  Purpose of Expenditure Mileage Category Gippe Goldendar Vaar-To-Date Per Election for Office Sought  City Ville Platte LA 70586  Purpose of Expenditure Michael Vidrine  Mailing Address 1103 West Wilson Street  Category Ville Platte LA 70586  Purpose of Expenditure Salary  Category Ville Platte LA 70586  Purpose of Expenditure Michael Vidrine  Mailing Address 1103 West Wilson Street  Category Ville Platte LA 70586  Purpose of Expenditure Salary  Category Ville Platte LA 70586  Purpose of Expenditure Salary  Category Ville Platte LA 70586  Date of Public Distribution/Dissemination  Transaction ID : 1488346-3574-4683-8 Date of Disbursement For: Primary Seneral 2014  Amount  Amount  Amount  City State Zip Code Ville Platte LA 70586  Transaction ID : 3128984-2730-4dbb-9 Date of Public Distribution/Dissemination  111 25 2014  Amount  Amount  Category Type Oot Transaction ID : 3128984-2730-4dbb-9 Date of Public Distribution/Dissemination  112 25 2014  Amount  City State Category Ville Platte LA 70586  Category Ville Platte Salary Category Ville Platte Salary Category Ville Platte Salary Category Oppose  Date of Public Distribution/Dissemination  113 25 2014  Amount  Amount  Amount  City Size Category Oppose  Date of Public Distribution/Dissemination  114 25 2014  Amount  Category Type Oot Transaction ID : 3128984-2730-4dbb-9 Date of Public Distribution/Dissemination  115 25 2014  Amount  City City Size Category Oppose  Date of Public Distribution/Dissemination  116 25 2014  Amount  City City City City City City City Ci	V۱	romen Speak Out PAC		С	C00530766	
Mailing Address 924 N. Prieur St  City State Zip Code New Orleans LA 70116  Purpose of Expenditure Mileage  Name of Federal Candidate Sought Solar So	 Che	eck if 24-hour report 48-hour report New report Amends report filed	on M	М	/ D D /	Y W Y W Y
Mailing Address 924 N. Prieur St    City	Т		Date of	Publi	ic Distribution/	/Dissemination
City State Zip Code New Orleans LA 70116  Purpose of Expenditure Mileage		·				
New Orleans  LA 70116    Transaction ID: 1488344d-357f-4693-8   Date of Disbursement or Obligation		Mailing Address 924 N. Prieur St	Amount			
New Orleans  LA 70116    Transaction ID: 1488344d-357f-4693-8   Date of Disbursement or Obligation	-	City State Zip Code	Г.	_		15.00
Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Samport Michael Vidrine  City Ville Platte LA Tosse Purpose of Expenditure Salary  Name of Federal Candidate  LA Tosse Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Mary L Landrieu  City State LA Tosse Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 312b834e-2733-4dbb-9 Date of Disbursement or Obligation						I-357f-4683-8
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Michael Vidirine  Amount  City State LA To586  Transaction ID: 312b84e-213d-4dbb-9 Date of Disbursement For: Primary Amount  City State LA To586  Transaction ID: 312b84e-213d-4dbb-9 Date of Disbursement or Obligation  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Yea		Mileage Category/ 002	М	M	/ D D /	YYYY
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Senate  State:  LA  Disbursement For: Primary General  2014  Other (specify) ▶  Date of Public Distribution/Dissemination  Mailing Address  1103 West Wilson Street  Amount  City State  LA  70586  Transaction ID: 312b894e-273d-4dbb-9 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (iff the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  President  Senate State:  LA  Transaction ID: 312b894e-273d-4dbb-9 Date of Disbursement For: Date of Public Distribution/Dissemination  Transaction ID: 312b894e-273d-4dbb-9 Date of Disbursement For: Date of Public Distribution/Dissemination  Transaction ID: 312b894e-273d-4dbb-9 Date of Disbursement For: Date of Public Distribution/Dissemination  Transaction ID: 312b894e-273d-4dbb-9 Date of Disbursement For: Date of Public Distribution/Dissemination  Transaction ID: 312b894e-273d-4dbb-9 Date of Disbursement For: Date of Public Distribution/Dissemination  Transaction ID: 312b894e-273d-4dbb-9 Date of Disbursement For: Date of Public Distribution/Dissemination  Transaction ID: 312b894e-273d-4dbb-9 Date of Disbursement For: Date of Public Distribution/Dissemination  Transaction ID: 312b894e-273d-4dbb-9 Date of Disbursement For: Date of Public Distribution/Dissemination  Transaction ID: 312b894e-273d-4dbb-9 Date of Disbursement For: Date of Public Distribution/Dissemination  Transaction ID: 312b894e-	- [	Name of Federal Candidate Support Office	Sought:	Γ	House	District:00
Per Election for Office Sought    Support   Per Election for Office Sought   307972.81   2014   Other (specify) ▶		Ma Marriel Landrice	_			State: LA
Full Name of Payee Michael Vidrine  Mailing Address 1103 West Wilson Street  City State Zip Code Ville Platte LA 70586  Purpose of Expenditure Salary  Name of Federal Candidate Support Office Sought: House District: 00 Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Amount  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Ms. Emily Buchanan  [Electronically Filed]  Date of Public Distribution/Dissemination  111		Calcifidat Teat To Bate				X General
Mailing Address 1103 West Wilson Street    Mailing Address   1103 West Wilson Street   11   25   2014	-		Date of	Publi	lic Distribution	
City State Zip Code  Ville Platte  LA 70586  Purpose of Expenditure Salary  Category/ Type  Out  Support  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Amount  60.00  Transaction ID: 312b894e-273d-4dbb-9 Date of Disbursement or Obligation  President X Senate State: LA  Done  Office Sought: House District: 00 President X Senate State: LA  Other (specify)  Other (specify)  To Other (specify)  Verify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.						
Ville Platte  LA  70586  Transaction ID: 312b894e-2f3d-4dbb-9 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Category/ Type  O01  I11  Z5  Z014  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 312b894e-2f3d-4dbb-9 Date of Disbursement or Obligation  Office Sought:  House District: O0  President  Senate State: LA  Disbursement For: Primary  General  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  I11  Z7  Z014  Z14  Z27  Z2014		Mailing Address 1103 West Wilson Street	Amount	t		
Purpose of Expenditure Salary  Name of Federal Candidate Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Date of Disbursement or Obligation  Office Sought:  House District: 00  President X Senate State: LA  Disbursement For: Primary X General  2014  Other (specify) >  T5.00  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	-	City State Zip Code				60.00
Purpose of Expenditure Salary    Name of Federal Candidate			Transac Date of	tion I	D: 312b894e ursement or 0	<b>-2f3d-4dbb-9</b> Obligation
Ms. Mary L Landrieu    Calendar Year-To-Date   President   Senate   State: LA		Salany Odlegory 001	M	- M	/ D D /	YYYY
Ms. Mary L Landrieu    Calendar Year-To-Date   President   Senate   State: LA	ľ	Name of Federal Candidate Support Office	Sought:	Γ	House	District:00
(a) SUBTOTAL of Itemized Independent Expenditures			_			
(c) TOTAL Independent Expenditures		207070.04				General
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  M. M. M. M. D. D. J. Y.	(	a) SUBTOTAL of Itemized Independent Expenditures			1 7	75.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  MMMM  Date  11  27  2014	(	(b) SUBTOTAL of Unitemized Independent Expenditures				
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    The porting entity is not a political party committee or its agent.	(	(c) TOTAL Independent Expenditures				
[Electronically Filed] Date 11 27 2014	٧	with, or at the request or suggestion of, any candidate or authorized committee or agent of either				
Duto =		[El-+	1 / T			
		Bato				

PAGE 33

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Sched	ule E)	I EXI EIID	101120		PAGE 34 OF 41 FOR SE OF FORM 24/48
	DF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wom	en Speak Out PAC				C C00530766
Check if	24-hour report 48-hour report	New repo	ort Amends repo	ort filed on	/ = M / D = D / Y = Y = Y = Y
Full	Name of Payee chael Vidrine			Date	of Public Distribution/Dissemination
					11 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Iviali	ing Address 1103 West Wilson Street			Amou	unt
City		State	Zip Code	<b>-11</b> :	31.20
$\perp$	e Platte	LA	70586		saction ID: aca87cb0-a2fe-45d5-b of Disbursement or Obligation
	oose of Expenditure eage		Category/ Type 002		11 25 2014
Nam	ne of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms.	Mary L Landrieu		X Oppose	Preside	ent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	3	07972.81	Disbursemen 2014	nt For:
	Name of Payee			Date	of Public Distribution/Dissemination
Sto	ephanie L Heun				11 25 2014
Mail	ing Address 8026 S Wilwood Dr Apt 101				11 25 2014
	0020 0 William 217 pt 101			Amou	unt
City		State	Zip Code		21.50
	k Creek	WI	53154		action ID: 8fcb6059-30d3-4b7a-8 of Disbursement or Obligation
Sal	pose of Expenditure ary		Category/ Type 001		11 25 2014
Nan	ne of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms.	Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	<u> </u>	307972.81	Disbursemer 2014	nt For:
(-) <b>0</b>	IIIIII				5070
(a) S	UBTOTAL of Itemized Independent Expenditure	·S			52.70
(b) S	UBTOTAL of Unitemized Independent Expendit	ures		· •	
(c) T	OTAL Independent Expenditures			•	7 1 7 1 7
with,	r penalty of perjury I certify that the independe or at the request or suggestion of, any candida committee) any political party committee or its	ite or authorized			
	Ms. Emily Buchanan	[Electron:	ically Filed] Date	M M /	27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Si	gnature		_		

Schedule E)	/LINI	1101120		PAGE 35 OF 41 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FI	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Carl Brent				Public Distribution/Dissemination
Mailing Address 6718 Lake Willow Dr			M 1	
			Amount	
City New Orleans	State LA	Zip Code 70126		80.00 tion ID : fb7b3067-0f4e-4897-9
Purpose of Expenditure Salary		Category/ Type 001	Date of	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President	
Calendar Year-To-Date Per Election for Office Sought	, , ,	307972.81	Disbursement F 2014 Other	For: Primary X General er (specify) ▶
Full Name of Payee Carl Brent			Date of	
Mailing Address 6718 Lake Willow Dr			Amount	20 2017
City	State	Zip Code		15.30
New Orleans	LA	70126		ion ID: e7b59c55-a9e2-4a98-9 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	1	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	
Calendar Year-To-Date Per Election for Office Sought		307972.81	Disbursement F 2014 Other	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		<b>.</b>	95.30
(b) SUBTOTAL of Unitermized Independent Exp	oenditures		· •	4 1 4 1 4 1
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee of	andidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		27 2014
Signature				

Schedule E)	ENT EXILIND	TONES	<u> </u>	PAGE 36 OF 41 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	00530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Jessica R Resendiz			M - M /	Distribution/Dissemination
Mailing Address 9685 Paula St			Amount	25 2014
City	State	Zip Code		100.00
Keithville	LA	71047		0 : 38bd04bc-5044-4bec-b sement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M /	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	
Calendar Year-To-Date Per Election for Office Sought	3	807972.81	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Jessica R Resendiz			11 /	25 / 2014
Mailing Address 9685 Paula St			Amount	
City	State	Zip Code		44.10
Keithville	LA	71047		: 51ca06fd-486b-49f8-9 sement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	11 /	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		307972.81	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendent	ditures			144.10
(b) SUBTOTAL of Unitemized Independent Exp.	enditures			
.,			7	4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ndidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	11 27	2014
- 3				

Schedule E)	INT EXI END	ITORES		GE 37 OF 41 PR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C coo	530766
Check if 24-hour report 48-hour report	New rep	ort Amends repo	rt filed on	/ Y = Y = Y
Full Name of Payee Christine Stevens			M = M / I	stribution/Dissemination
Mailing Address 100 Asbury Ct			Amount	25 2014
City	State	Zin Codo		70.00
Winchester	VA	Zip Code 22602		8bd1ab09-c575-4a70-9 ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001		25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · · · · · · · · · · · ·	307972.81	Disbursement For:  2014  Other (specif	Primary
Full Name of Payee	<u> </u>		Date of Public Di	stribution/Dissemination
Jazmine d Conner			M M / 11	25 2014
Mailing Address 100 ASBURY CT			Amount	
City	State	Zip Code		70.00
WINCHESTER	VA	22602		5552931-c953-4234-8 ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	11 /	25 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · ·	307972.81	Disbursement For: 2014 Other (specif	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ures		•	140.00
(b) SUBTOTAL of Unitemized Independent Exper	iditures			
				4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	11 27	2014
Signataro				

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Da	te of Public Distribution/Dissemination
Jon E Conner	11 25 2014
Mailing Address 100 Asbury Ct	nount
City State Zip Code	70.00
Winchester VA 22602 Tra	ansaction ID : ff09b754-cb08-496e-8 te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 25 2014
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Oppose Pres	sident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	nent For:
Full Name of Payee Rodney O Culbreath	ate of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct	nount
City State Zip Code	70.00
Winchester VA 22602 Trai	nsaction ID : f999ddd8-9c97-4d5c-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 25 2014
Name of Federal Candidate Support Office Soil	ught: House District: 00
Ms. Mary L Landrieu Oppose Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ D D / Y Y Y Y Y Y Z 2014
Signature	

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OF

Schedule E)	EXI EIVE	1101120			AGE 39 OF 41 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
Women Speak Out PAC					0530766
Check if 24-hour report 48-hour report	New repo	ort Amends rep	oort filed on	M = M /	D = D / Y = Y = Y
Full Name of Payee Rodney D Culbreth			Date	M M /	istribution/Dissemination
Mailing Address 100 Asbury CT			Amo	unt	25 2014
3200 Dam Neck Rd	a				
City Winchester	State VA	Zip Code 22602			70.00 4df9f7b7-b5cd-4175-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 00			25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sou	ıht:	House District: 00
Ms. Mary L Landrieu		X Oppose	Presi		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	3	307972.81	Disburseme 2014	ent For: Other (speci	Primary
Full Name of Payee			Date	of Public D	Distribution/Dissemination
Rze Culbreath				M M /	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amo		23 2014
City	State	Zip Code			70.00
Winchester	VA	22602			65b09ea0-70ce-4aac-8 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		11 /	25 / 2014
Name of Federal Candidate		Support	Office Sou	ght:	House District:00
Ms. Mary L Landrieu		Oppose	Presi		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	307972.81	Disburseme 2014	ent For: Other (speci	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures.			•		140.00
(b) SUBTOTAL of Unitemized Independent Expenditur	es				
(-,			· L	7	7
(c) TOTAL Independent Expenditures			··· •	7	4 1 4
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized				
Ms. Emily Buchanan	[Electron	ically Filed] Da	te 11	27	2014
Signature					

ooneddie Ey	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if Z 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Taylor De Julian-Hernandez	11 25 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 284 Cr 1401	mount
City State Zip Code	100.00
Carthage TX 75633 Tr	ransaction ID : ee4f5a52-9a20-41e9-b ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	11 25 7 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Mc Many Llandricu	esident X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
Full Name of Payee Taylor De Julian-Hernandez	ate of Public Distribution/Dissemination
	11 25 2014
Mailing Address 284 Cr 1401	mount
City State Zip Code	53.40
Carthage TX 75633 Tra	ansaction ID : ccd3dbc5-e0e3-48ab-8 ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	M 11 / 25 / Y 2014
Name of Federal Candidate Support Office Sc	ought: House District: 00
	esident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	153.40
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 11	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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Schedule E)	PAGE 41 OF 41 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends re	eport filed on
Full Name of Payee Eva M Johnston	Date of Public Distribution/Dissemination
Mailing Address 2517 N 47th St	11 25 2014 Amount
City State Zip Code	10.00
Milwaukee WI 53210	Transaction ID : ecf415d5-9b76-4cca-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  00	01 11 25 2014
Name of Federal Candidate Support	t Office Sought: House District: 00
Ms. Mary L Landrieu Oppose	
Calendar Year-To-Date Per Election for Office Sought 307972.81	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	M M / D D / Y Y Y Y
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure  Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support	t Office Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:
	Guilot (opcony)
(a) SUBTOTAL of Itemized Independent Expenditures	10.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	4149.71
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
	Date 11 27 2014
Signature	